the Co-Location of Different Populations in Adult Care Homes

## Recommendation 3.3: Create an Inventory of Community Housing Options for Individuals with Disabilities

a) As part of the local management entity's (LME) performance contract with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), DMHDDSAS should require LMEs, working with DMHDDSAS, the Division of Health Services Regulation, and the North Carolina Department of Health and Human Services housing specialists, to develop a real-time inventory of community housing options, including 122C therapeutic mental health homes, substance abuse and developmental disability group homes, adult and family care homes, supported living arrangements, and independent living options, and make this inventory available to families. The lists should be collected and aggregated at the state level and should be made available both online and in person through the LMEs.

## **Chapter 4: Restructuring the Current System**

## Recommendation 4.1: Requiring Standardized Preadmission Screening, Level of Services, and Assessment Instruments in Adult and Family Care Homes and 122C Facilities (PRIORITY RECOMMENDATION)

- a) The North Carolina General Assembly should direct the Department of Health and Human Services (DHHS) to require adult and family care homes (ACH), and 122C mental health, developmental disability, and substance abuse group homes (122C) to use standardized preadmission screenings, level of services determinations, assessments and care planning instruments. DHHS can designate different instruments for different types of licensed facilities, regardless of payment source.
- b) For adult and family care homes:
  - 1) The screening, assessment and care planning process should be redesigned:
    - i. The level of services preadmission screening tool should be revised to replace the current FL-2. The tool should be automated and should capture information on diagnosis (including, but not limited